

International Organization of Indigenous Resource Development

An NGO in consultative status to the United Nations
Economic and Social Council

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WORKING GROUP ON INDIGENOUS PEOPLES
SIXTEENTH SESSION, GENEVA 27-31 JULY, 1998

AGENDA ITEM 6: INDIGENOUS PEOPLES AND HEALTH

This is a Joint Statement by I.O.I.R.D., the National Aboriginal Diabetes Association of Canada and an outstanding leader, former Chief Victor Buffalo of the Samson Cree Nation, who is still currently on Council, who have expressed very serious concern regarding diabetes among Indigenous Peoples in Canada. With your permission, Madame Chairperson, allow me to table with this 16th. Session of the Working Group on Indigenous Peoples a 1991 Report entitled "Diabetes Among First Nations' People."

The report is tabled in request of assistance from the W.G.I.P. A few of the highlights are:

- → Age - standardized diabetes rates among First Nations' People are triple the Canadian average. 6.5% of First Nations' People over the age of 15 report that they have been diagnosed with diabetes. Based on past research, it is believed that almost all of this is non-insulin dependent mellitus (N.I.D.D.M.) as opposed to the insulin-dependent type.
- N.I.D.D.M. appears to be manifesting at a young age among First Nations' People: prevalence among people aged 30-39 is 5% and rates increase with age thereafter.
- First Nations People with diabetes tend to be over the age of 40 and have lower income and education levels than people without diabetes.
- More women than men report being diagnosed with diabetes.
- First Nations' People with diabetes are more likely than their non-Aboriginal counterparts to report that they have hypertension or heart disease; in fact, even First Nations' People without diabetes seem to be at higher than average risk of developing these conditions.
- Many First Nations' People have lifestyle habits that put them at risk of developing complications. As a group, people with diabetes are more likely to be overweight, less likely to exercise, and just as likely as others their age to smoke cigarettes on a daily basis...

Madame Chairperson, "for the Manitoba projections into year 2016, you could say that if diabetes is going to triple in the one province, it stands to reason that every province across Canada will experience the same devastating effects."

While these statistics are from a 1991 study, it reflects a very, very serious situation among Indigenous Peoples in Canada. Notwithstanding these stats that have not improved, the National Aboriginal Diabetes Association cannot secure any reasonable finance for their programs. ~~N.I.V.~~ ~~for example~~, receives tremendous amounts of financial support which is good, however, diabetes is a more serious predicament among Indigenous communities especially among the young people.

*could not
move
later*

*OTHER
DISEASES*

WGIP 98/NAH.CAN/12



*The NADA ^{not} done projections on the no of diabetes in
Member Organizations
Four Nations of Hobbema Council of Energy Resource Tribes Canadian Indian Energy Corporation
Manitoba fall into the year 2016 when it is more than 20%
now*

(2)

Madame Chairperson, we would strongly urge this 16th Session of the Working Group on Indigenous Peoples to recommend to the Government of Canada to increase substantially the financial and other resources to treat diabetes. As you know, yesterday's Final Report of the U.N. Treaty Study calls ~~on us~~ to honour the original spirit and intent of the Treaties, in particular Treaty 6, which has a provisions called the Medicine Chest Clause. This, as you know, has been interpreted to indicate the Treaty Right to Medicine. We need to do something about this urgent situation regarding diabetes if we are to contribute to better health because an area of Treaty 6 has been recently declared to have the highest rate of diabetes in the world. Thank you.

J. Wilton Littlechild

J. WILTON LITTLECHILD, Q.C.

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The 1991 Report states that "Since the risk of having one or more of these conditions seems to be widespread throughout F.N. communities, population-based approaches to prevention may be indicated.

WITH YOUR PERMISSION AND WITHIN THE TIME ALLOTTED I
WOULD LIKE MR CAROLYN BUFFALO TO FINISH OUR INTERVENTION.
A VERY RESPECTED AND YOUNG LAWYER, ALSO A DIABETIC.